



RI
ID # _____

PATIENT HISTORY QUESTIONNAIRE

This form asks you a variety of questions about your background, environment, and habits that may affect or relate to your health. It should take about 10 minutes to complete. Please fill in the information requested, or place a check in the appropriate space. A few questions may be similar to ones you have answered before, but please do not skip any questions. If you are not sure about an answer, please estimate.

If you have questions or would like help filling it out, please call _____ at _____ - _____. Please return this questionnaire by _____. We thank you for your time and your contribution to this research.

PERSONAL INFORMATION AND HABITS

1. How much formal or academic education have you had?
(Check the highest level completed)

Grade school ☐ 1
Some high school ☐ 2
Completed high school ☐ 3
Some college (including community college) ☐ 4
Completed college degree (BA, BS) ☐ 5
Postgraduate work ☐ 6

2. What is your marital status?

Single ☐ 1
Married ☐ 2
Widowed ☐ 3
Divorced/Separated ☐ 4

3. What is your current employment status? Check the one that applies to the greatest percent of your time.

Employed full-time ☐ 1
Employed part-time ☐ 2
Homemaker ☐ 3
Retired ☐ 4
Disabled, unable to work ☐ 5
Unemployed ☐ 6
Student ☐ 7

4. What is your total household income?
(Please give the best approximation of the total income from all sources within your household in the past year.)

Less than \$14,999 ☐ 1
 \$15,000 to \$29,999 ☐ 2
 \$30,000 to \$44,999 ☐ 3
 \$45,000 to \$59,999 ☐ 4
 \$60,000 to \$74,999 ☐ 5
 \$75,000 to \$89,999 ☐ 6
 \$90,000+ ☐ 7

5. Have you smoked at least 100 cigarettes in your entire life? Yes ☐ 1
 No ☐ 2

IF YES:

Do you smoke cigarettes now? Yes ☐ 1
 No ☐ 2

IF YES:

On average, about how many cigarettes a day do you now smoke? _____ cigarettes

6. Have you ever smoked a pipe or cigars regularly? Yes ☐ 1
 No ☐ 2

7. Do you currently smoke a pipe or cigars? Yes ☐ 1
 No ☐ 2

8. Has a doctor ever told you that you have high blood pressure? Yes ☐ 1
 No ☐ 2

IF YES:

- a. Have you ever taken medication in order to control your blood pressure? Yes ☐ 1
 No ☐ 2

- b. Have you ever done any of the following to reduce your blood pressure?

	YES	NO
Reduce sodium (e.g., salt) intake	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Lose weight	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Increase physical activity (or exercise)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Reduce alcohol intake	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Other special diet	<input type="checkbox"/> 1	<input type="checkbox"/> 2

9. Did you participate in the previous DASH study? Yes ☐ 1
 (By participate, we mean did you eat any meals at the DASH study center?) No ☐ 2
10. Please check the appropriate box if any of your **NATURAL relatives** (i.e., related by birth) have had any of the following problems. For example, if your father has/had high blood pressure, place a check in the box under father in the high blood pressure row. If you're unsure about an answer, just leave the box blank.

NOTE: If you do not have any brothers check here ☐
 If you do not have any sisters check here ☐
 If you do not have any children check here ☐

If no relatives have any of these conditions, check here ☐

Condition	Father	Mother	Brothers	Sisters	Children
High blood pressure					
Stroke					
Heart attack or angina					
Kidney failure					
Diabetes					

Reviewed by (staff ID): _____ Entered by (staff ID): _____

Administration and Coding Instructions for the Patient History Questionnaire

General Coding Instructions

- 1) Use correct version of form. The correct version will always be on the file server.
- 2) Use either black or blue pen on all forms, not pencil.
- 3) Make sure that there is either a legible name or correct ID # or both, if needed, on each page of a form. It is strongly suggested that you use a printed label for ID numbers.
- 4) Make sure each question is answered. Be sure to resolve any questions before the respondent leaves and before entering data.
- 5) Check each question for ambiguous answers. Be sure to resolve these before the respondent leaves and before entering data..
- 6) Do not obliterate or erase any entry of the respondent.
- 7) All corrections are made by first making a slash through the incorrect entry and writing the correct entry next to it. Then, alongside the corrected entry, write your initials, the date of the correction and a note about why the correction was made (e.g., RL, 7/30/97, incorrect ID).
- 8) Flag any questions you are not sure of and give them to the clinic coordinator or dietitian for review.
- 9) Check all lead-in questions for correct skip patterns.
- 10) When filling out the "Reviewed by" and "Entered by" box, be sure to use the correct staff ID number. The "Entered by" staff ID # should not be written until the form is entered.

Coding Instructions for the Patient History Questionnaire

Questions 1-4:

Check to make sure only 1 response is marked.

Question 5:

If response is Yes, check to make sure question "smoke cigarettes now" is answered.

If response to "smoke cigarettes now" is Yes, check to make sure "# smoke per day" is answered. "# smoke per day" is a 3 digit field. Be sure to use leading zeros.

Questions 6 & 7:

Check to make sure only 1 response is marked.

Question 8:

If response is Yes, check to make sure both **a.** "ever taken meds to control BP" and **b.** "any of the following to reduce BP" are answered.

Question 9:

Check to make sure only 1 response is marked. Use list of DASH randomized participants provided by the CC to verify the participant's response.

Question #10:

This question consists of three parts.

The first part collects data on the makeup of the participant's family (i.e. whether they have brothers, sisters or children). Check all appropriate boxes. If the participant has ever had one of the listed relatives, the box should not be checked.

The second part "If no relatives have any of these conditions" collects data that confirms whether the boxes in the third part should be blank. If any relative has had any of the conditions listed in the third part, at least one of the boxes in the third part should be checked and the box in the second part should be blank. If the boxes in the third part are blank, the box in the second part should be checked.

The third part collects data on which relative, if any, has had any of the listed conditions. If the participant's relatives have not had any of these conditions, then all boxes should be blank and additionally, the box in the second part should be checked. If any boxes in the third part are checked, the box in the second part must be blank.

Reviewed by:

Record the Staff ID # of the person reviewing the form.

Entered by :

Record the Staff ID # of the person entering the data in the computer.